

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 810031

FILED  
Mar 18, 2009  
Secretary of State

Entity Name: MASSMAN CONSTRUCTION CO

**Current Principal Place of Business:**

8901 STATE LINE  
SUITE 240  
KANSAS CITY, MO 64114

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 8458  
KANSAS CITY, MO 64114

**New Mailing Address:**

FEI Number: 44-0341360      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, STE 4  
WESTON, FL 33331      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MASSMAN, IV, H J  
Address: 8901 STATE LINE  
City-St-Zip: KANSAS CITY, MO 64114

Title: VD ( ) Delete  
Name: SCHNOEBELEN, M H  
Address: 12412 ROTT ROAD  
City-St-Zip: ST. LOUIS, MO 63127

Title: VDST ( ) Delete  
Name: KOPP, J T  
Address: 8901 STATE LINE  
City-St-Zip: KANSAS CITY, MO 64114

Title: VPD ( ) Delete  
Name: JACOBSON, F K  
Address: 8901 STATE LINE  
City-St-Zip: KANSAS CITY, MO 64114

Title: VPD ( ) Delete  
Name: PRADERIO, W G  
Address: 8901 STATE LINE  
City-St-Zip: KANSAS CITY, MO 64114

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J.T. KOPP

Electronic Signature of Signing Officer or Director

VDST

03/18/2009

\_\_\_\_\_ Date